



February 23, 2005

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## HOUSE BILL No. 1596

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DIGEST OF HB 1596 (Updated February 22, 2005 6:43 pm - DI 77)

**Citations Affected:** IC 12-15.

**Synopsis:** Emergency department payment. Removes the Medicaid risk based managed care program exemption from the requirement that hospital emergency department care must be paid at a rate under the Medicaid fee structure.

**Effective:** July 1, 2005.

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**Brown T, Becker, Welch**

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January 18, 2005, read first time and referred to Committee on Public Health.  
February 22, 2005, amended, reported — Do Pass.

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HB 1596—LS 7470/DI 104+



February 23, 2005

First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

## HOUSE BILL No. 1596

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A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1 SECTION 1. IC 12-15-15-2.5 IS AMENDED TO READ AS  
2 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 2.5. (a) Payment for  
3 physician services provided in the emergency department of a hospital  
4 licensed under IC 16-21 must be at a rate of one hundred percent  
5 (100%) of rates payable under the Medicaid fee structure.  
6 (b) The payment under subsection (a) must be calculated using the  
7 same methodology used for all other physicians participating in the  
8 Medicaid program.  
9 (c) For services rendered and documented in an individual's medical  
10 record, physicians must be reimbursed for federally required medical  
11 screening exams that are necessary to determine the presence of an  
12 emergency using the appropriate Current Procedural Terminology  
13 (CPT) codes 99281, 99282, or 99283 described in the Current  
14 Procedural Terminology Manual published annually by the American  
15 Medical Association, without authorization by the enrollee's primary  
16 medical provider.  
17 (d) Payment for all other physician services provided in an

HB 1596—LS 7470/DI 104+



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1 emergency department of a hospital to enrollees in the Medicaid  
2 primary care case management program must be at a rate of one  
3 hundred percent (100%) of the Medicaid fee structure rates, provided  
4 the service is authorized, prospectively or retrospectively, by the  
5 enrollee's primary medical provider.

6 ~~(c) This section does not apply to a person enrolled in the Medicaid~~  
7 ~~risk based managed care program.~~

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## COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1596, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, delete lines 1 through 17.

Delete pages 2 through 3.

Page 4, delete lines 1 through 18.

Page 4, reset in roman lines 35 through 40.

Page 4, line 41, delete "(d)".

Page 4, line 41, strike "This section does not apply to a person enrolled in the".

Page 4, strike line 42.

Delete pages 5 through 10.

Re-number all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1596 as introduced.)

BECKER, Chair

Committee Vote: yeas 12, nays 0.

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**O**  
**P**  
**Y**

